



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E346528**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-01856
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	08	04	2014	1444	31			N	E	IN	0664
								S	W	OF	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
MARKET PL	BLOCK NO. <input checked="" type="checkbox"/>	9100
	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
	91ST AVE NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3606919136
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LAST NAME	HIGHTREE	FIRST NAME	JOE	MIDDLE INITIAL	M
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STREET NEW ADDRESS	9020 163RD AVE NE
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CITY	GRANITE FALLS	ST	WA	ZIP	982529222
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GDL	A	RESTRICTIONS		ENDORSEMENTS	L, N, P
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DRIVER'S LICENSE #	HIGHTJM456ME	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07	05	1955
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B66800C	STATE	WA	VIN#	1M2AG11C07M064598
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	MACK	MODEL	MIXER	STYLE		VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	WHITESIDE TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MILES AND GRAVEL CO LSE 400 VALLEY AVE NE PUYALLUP WA 98372 D: 3606915514

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	CONTINENTAL WESTERN INSURANCE COMPANY CWP2665825
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252689230
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LAST NAME	WEAN	FIRST NAME	KIMBERLY	MIDDLE INITIAL	A
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STREET NEW ADDRESS	9210 MARKET PL #J201
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	WEAN*K4423P6	STATE	WA	SEX	F	D.O.B. MMDDYYYY	10	26	1958
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES
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LICENSE PLATE #	239YMC	STATE	WA	VIN#	KNAFB161X15045474
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	KIA	MODEL	SPC4D	STYLE		VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	ANGEL TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. KIMBERLY WEAN 9210 MARKET PL LAKE STEVENS WA 98258 D: 4252689230

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	METLIFE 1936164521
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	D. PLANALP	BADGE OR ID #	102	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E346528**

CASE # **14-01856**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>PHILLIPS BOBIANN G</b>																	
ADDRESS & PHONE #		<b>7318 14TH PL SE LAKE STEVENS WA 98258 4254070750</b>																	
SEX		F		D.O.B. MMDDYYYY		07		-		31		-		1971					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>WAXHAM TIM S</b>																	
ADDRESS & PHONE #		<b>8427 4TH PL SE LAKE STEVENS WA 98258 4253342146</b>																	
SEX		M		D.O.B. MMDDYYYY		02		-		26		-		1972					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

V-1 was facing westbound in the southbound turn lane on Market PL at the intersection at 91st AVE NE. V-1 signal was red and when they turned to green circles, V-1 started turning southbound. V-2 was eastbound on Market PL and had the right of way and entered the intersection. V-1 and V-2 collided in the intersection. There was damage to the driver side of V-2 and the front driver side of V-1. The driver of V-2 had airbag deployment and was transported to the hospital. V-1 driver had a valid CDL and M.E. card #M000017729. Both vehicles were towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**D. PLANALP**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**08-04-14 05:13 PM**

DATED

PLACE SIGNED

APPROVED BY

**RON BROOKS 013**

DATE

**8/5/2014 2:42:36 AM**

BADGE OR ID #	<b>102</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>2:44 PM</b>	TIME POLICE ARRIVED	<b>2:45 PM</b>
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SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

REPORT NO. **E346528**

CASE # **14-01856**

**COMMERCIAL MOTOR CARRIER**

INTERSTATE ☐

INTRASTATE ☒

UNIT #

**1**

USDOT

**512383**

ICC #

VEHICLE TYPE

**3**

CARGO BODY TYPE

**6**

CARRIER NAME

**MILES SAND AND GRAVEL CO**

CARRIER ADDRESS

**15415 84TH ST NE**

CITY

**LAKE STEVENS**

ST

**WA**

ZIP

**98258**

NAME SOURCE

**1**

#

AXLES

**03**

GVMR

**44000**

PLACARD

+

NAME IF NO NUMBER

**ADDITIONAL UNITS**

UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

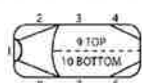
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**D. PLANALP**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

**08-04-14 05:13 PM**

DATED:

PLACE SIGNED

BADGE OR ID #

**102**

ORI #

**WA0311900**

APPROVED BY

**BROOKS**

DATE

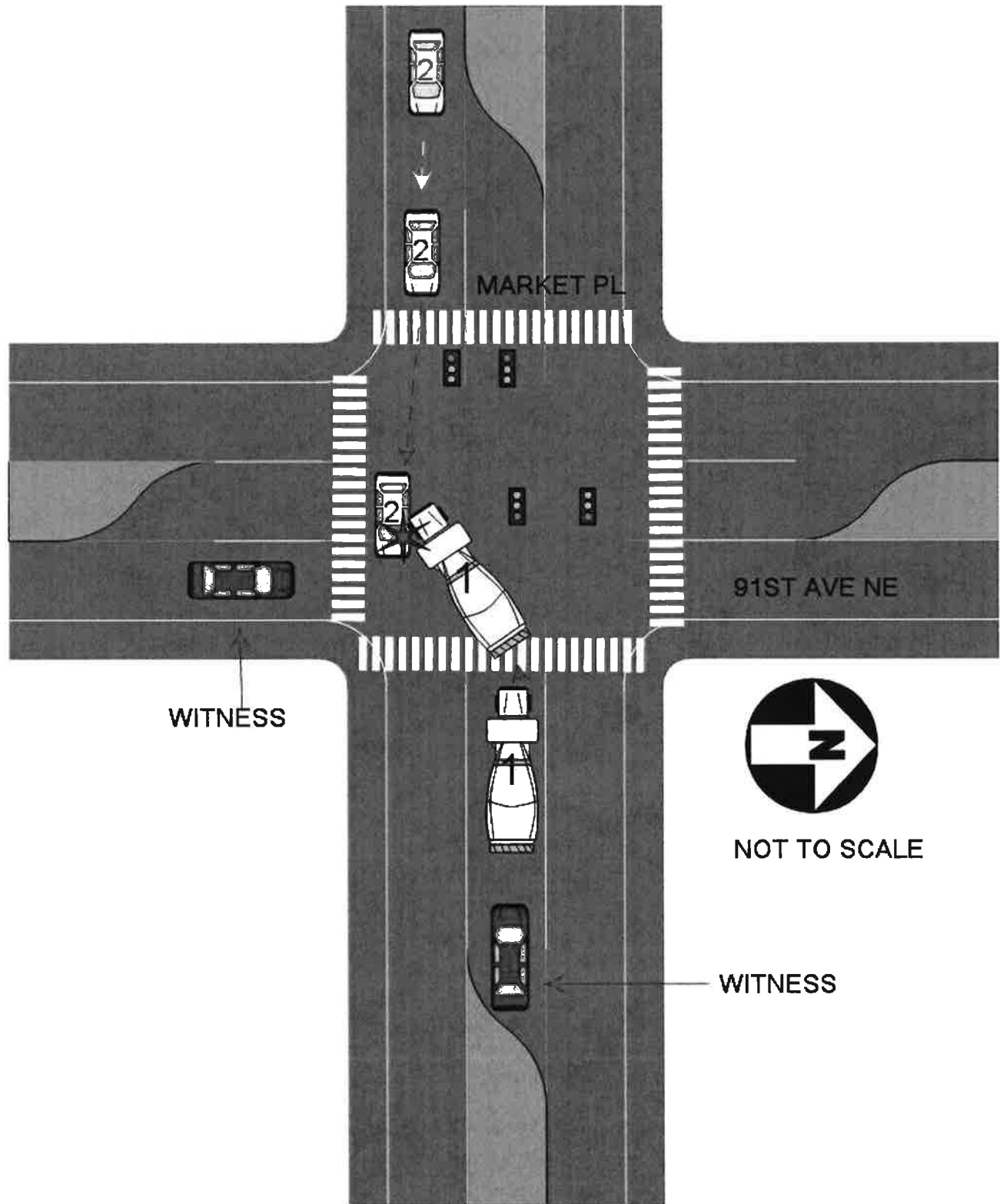
**8/5/2014**

PAGE

**3**

OF

**4**



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 14-01856

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Phillips Bobi-Ann Garnette	RACE W	ETH	SEX F	DOB 7-31-71	AGE 43	HGT 5	WGT 8	HAIR Br	EYES Bl
STREET ADDRESS 7318 14th Pl SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425 407 0250		CELL PHONE 425 801 0656		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS								

I, Bobi-Ann Phillips, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was behind the cement truck in the turn lane. The light turned green and the cement truck started turning. I could see the white car coming thru the intersection. the cement truck just kept turning and crashed into the white ~~truck~~ car.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Bobi-Ann Phillips</u>	DATE SIGNED <u>Aug 4, 14</u>	LOCATION SIGNED <u>Lake Stevens WA</u>
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED <u>08-4-14</u>	LOCATION SIGNED <u>LAKE STEVENS WA</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 14-01858

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Waxham Tim Shane	RACE	ETH	SEX M	DOB 2-26-72	AGE 42	HGT 5-11	WGT 160	HAIR B	EYES B
STREET ADDRESS 8427 4th pl SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-334-2146		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, Tim Waxham, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

white car was driving on east on market place thru intersection with green light. Concrete truck was turning south on 91st ave ne and hit white car in middle of intersection.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: L. [Signature]

DATE SIGNED  
8-4-14

LOCATION SIGNED  
Scene

OFFICER/NUMBER: [Signature]

DATE SIGNED  
8-14-14

LOCATION SIGNED  
LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 14 01856

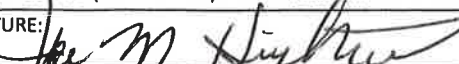

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Hightree, Joe, Martin	RACE W	ETH	SEX M	DOB 7-5-55	AGE 59	HGT 6'10"	WGT 220	HAIR B	EYES Blue
STREET ADDRESS 9020 163rd Ave NE		CITY Granite Falls		STATE WA		ZIP 98252		RES. STATUS Yes		
HOME PHONE 360-691-9139		CELL PHONE 425-212-8553			PLACE OF EMPLOYMENT Concrete Nor West					
WORK PHONE 360-691-5514		EMAIL ADDRESS								

I, Joe Hightree, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was stopped at the light of 91st Ave. NE, facing west, waiting to turn Left on 91st Ave NE, from market place. Light turned green, no one was coming east on market Pl. My front end of the Redi-mix truck was in the southside crosswalk when when the lady came out of nowhere, swirved into the crosswalk as she was headed east on Market place. She swirved clear to the sidewalk to avoid me when she hit me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

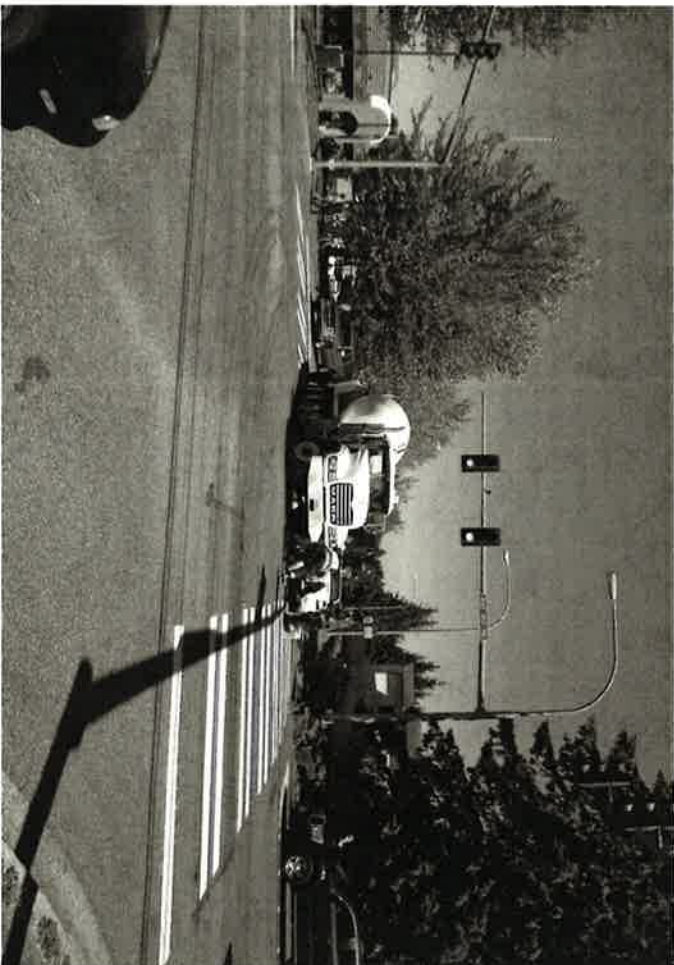
SIGNATURE: 	DATE SIGNED 8-4-14	LOCATION SIGNED Lt. Stevens
OFFICER/NUMBER: 	DATE SIGNED 8-4-14	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1 **ORIGINAL**



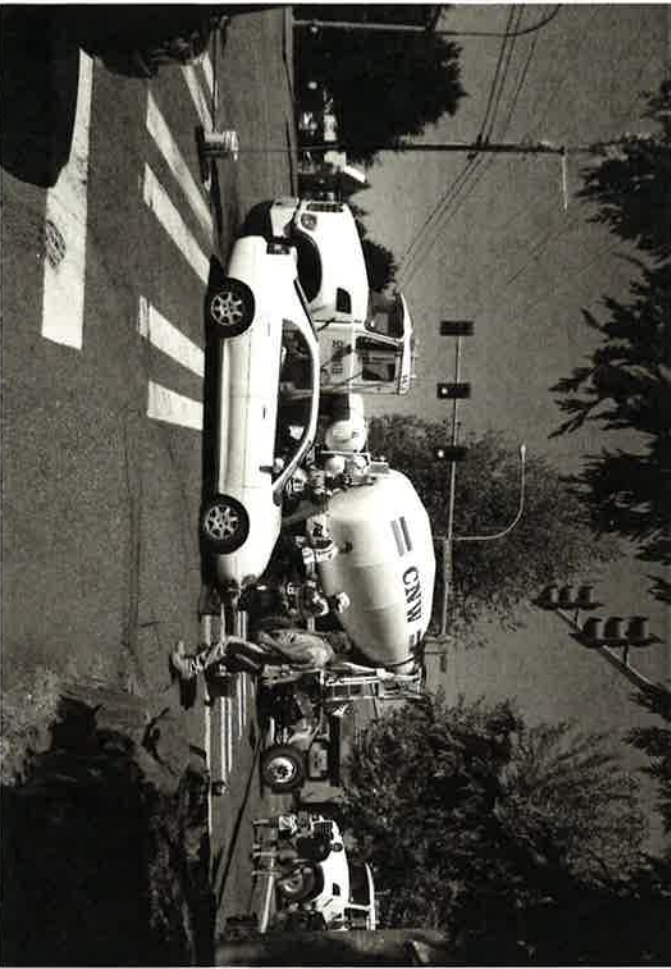








LSPD  
ORIGINAL







LSPD  
ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <u>D. PLANALP #102</u>		Case Number <u>14-01856</u>			
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>		Type of Case: <u>VEHICLE COLLISION</u>		Date/Time: <u>8-4-14/1835</u>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					
Item #  Action #	1	Item <u>CD WITH PICS</u>	Brand Name		Storage Location	Disposition	
	3	Brand/Model/Caliber		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #  Action #		Item	Brand Name		Storage Location	Disposition	
		Brand/Model/Caliber		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #  Action #		Item	Brand Name		Storage Location	Disposition	
		Brand/Model/Caliber		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #  Action #		Item	Brand Name		Storage Location	Disposition	
		Brand/Model/Caliber		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #  Action #		Item	Brand Name		Storage Location	Disposition	
		Brand/Model/Caliber		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #  Action #		Item	Brand Name		Storage Location	Disposition	
		Brand/Model/Caliber		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Evidence Control Use Only:  

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

COPY  
ORIGINAL



## CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW  
☐ AAA or OTHER ROADSIDE ASSISTANCE  
☐ EVIDENCE  
☐ SEIZED UNDER RCW 69.50.505  
☒ IMPOUND ONLY  
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD  
☐ DWLS IMPOUND WITH \_\_\_\_ DAY HOLD  
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.  
☐ REGISTERED OWNER MAY REDEEM \_\_\_\_\_.

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER, REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

# UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

14-01856

## VEHICLE INFORMATION

VIN

K N A F B 1 6 1 X 1 5 0 4 5 4 7 4

LICENSE

239YMC

STATE

WASHINGTON

YEAR

2001

MAKE

KIA MOTORS

MODEL

SPC4D

☐ Report of Sale
MILEAGE ☐ Digital

UNREADABLE

STYLE

4-DOOR HARDTOP

COLOR

WHITE

## DRIVER

## REGISTERED OWNER

## LEGAL OWNER

NAME (LAST, FIRST, MI)

WEAN, KIMBERLY A

NAME (LAST, FIRST, MI)

WEAN, KIMBERLY A

NAME (LAST, FIRST, MI)

LEGAL SAME

STREET ADDRESS

9210 MARKET PL #J201

STREET ADDRESS

9210 MARKET PL

STREET ADDRESS

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

CITY, STATE, ZIP CODE

PHONE

(425)268-9230

DOB

10/26/1958

PHONE

(425)268-9230

PHONE

## AUTHORIZATION AND RECEIPT

ON 8/4/2014 AT 15:12 PURSUANT TO RCW 46.55.085, 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS

(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED

ANGEL TOWING

(TOWING FIRM)

5024-5

(DOL TRUCK NO.)

DRIVEN BY

KARL KACK

TO REMOVE THIS VEHICLE FROM

9100 MARKET PL/91ST AVE NE

(DRIVER'S PRINTED FIRST AND LAST NAME)

(LOCATION)

## EQUIPMENT

## DAMAGE

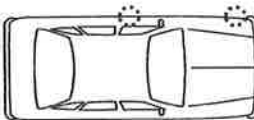
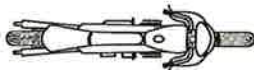
## EVIDENCE (DRIVER'S SIDE)

## EVIDENCE (PASSENGER'S SIDE)

- ☐ [ ] KEYS  
☐ LOCKED TRUNK  
☐ LOCKED GLOVE BOX  
☐ LOCKED CENTER CONSOLE  
☐ AUTO STEREO  
☐ [ ] DISC(S)  
☐ HANDS FREE DEVICE  
☐ GPS  
☐ RADAR / LIDAR DETECTOR  
☐ SPARE TIRE  
☐ JACK  
☐ CHAINS  
☐ OTHER \_\_\_\_\_

- ☐ FRONT  
☐ R FRONT  
☐ R SIDE  
☐ R REAR  
☒ L FRONT  
☒ L SIDE  
☐ L REAR  
☐ REAR  
☐ TOP  
☐ UNDERCARRIAGE  
☐ OTHER \_\_\_\_\_

SHADE DAMAGED AREA



## INVENTORY

## NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

Vehicle was involved in a collision and undrivable.  
Driver was transported to the hospital by AID.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☐ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☒ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC  
SIGNATURE

D. Planalp

SNOHOMISH, WA

COUNTY, WA

102

BADGE NO.

Lake Stevens PD

AGENCY

3000-110-076 (R 07/13)

LSPD  
ORIGINAL

Closed	08/04/14	15:52:36
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Loc: 91 AV NE/MARKET PL , LKS (V)

Phone: 4252128553

/1444	(SP0226)	ENTRY		, 2 CARS WITH AIRBAGS DEPLOYD
/1444	(SP0345)	DISPER	19D1	#SS102 PLANALP, OFFICER (DANIEL)
/1444		ASSTER	19D2	#SS126 HINGTGEN, OFFICER (MICHAEL)
/1445		ONSCNE	19D1	
/1445	(SP0226)	CHANGE		NAM: --> JOE, PHO: --> 4252128553, TXT: CEMENT TRUCK VS 4D PC TXT: 2ND CALLER SAYS CAR VS CEMENT TRUCK UNK INJ URY BLOCKING #AG14002222 B66800C LIC, 19D1, B66800C, , , 239YMC LIC, 19D1, 239YMC, , , , WSP ADVISED FOR COMMERCIAL VEH TO RESPOND
/1446	(SP0036)	SUPP		
/1446	(SP0345)	CROSS		
/1446	(*****)	REMINQ	19D1	
/1446	(SP0345)	REMINQ	19D1	
/1446	(*****)	REMINQ	19D1	
/1446	(SP0345)	REMINQ	19D1	
/1447		MISC		
/1449		ONSCNE	19D2	
/1451		MISC	19D1	, NEXT ROTATIONAL, ALL 4 ROUND PC
/1452		ROTREQ	19D1	TOW 5061 LKS SKY VAL SNO 3605636090
/1453		ROTREQ	19D1	TOW 5705 LKS TOP NOTCH TOWING 3605688877
/1453		MISC	19D1	, SKY VALLEY CAN'T RESPOND W/ IN 20-25 MINS
/1454		MISC	19D1	, TOO FAR OUT
/1454		MISC	19D1	, TOP NOTCH TOO FAR OUT
/1454		MISC	19D1	, FULLY LOADED CONCRETE TRUCK-FRONT END DMG, BLKI NG \$\$S14001856
/1456		ASNCAS	19D1	
/1457		ROTREQ	19D1	TOW 5024 LKS ANGEL TRANSPORT & TOWING 3605680918
/1501	(SS102 )	REMINQ	19D1	MDTWANT, HIGHTREE, JOE, M, 070555, , , WA, , , , , , , , , , ,
/1502	(SP0345)	MISC	19D1	, WHITESIDE TOW ENRT FOR THE CEMENT TRUCK
/1503	(SS102 )	*MISC	19D1	, M.E. NUMBER#M000017729 EXP DATE 08/29/14
/1507		REMINQ	19D1	MDTVEH, 239YMC, , WA, , , , , , , , , , ,
/1507		REMINQ	19D1	MDTWANT, , , , , , WA, WEANKA423P6, , , , , , , , , , ,
/1537		*MISC	19D1	, WEAN POLICY #1936164521
/1537	(SP0112)	\$PREMPT	19D2	
/1541		MISC	19D1	, TOW ARRIVED
/1552		CLEAR	19D1	D/H
/1552		CLOSE	19D1	

**LSPD  
ORIGINAL**